

**LETTER TO PARENTS  
SPECIAL MILK PROGRAM**

**2009-2010**

Dear Parent/Guardian:

The \_\_\_\_\_ School/District takes part in the Special Milk Program every school day. Children from households that meet federal income guidelines are eligible for free milk. To apply for free milk, complete the enclosed application, sign it, and return it to the school.

- If you now get SNAP: Supplemental Nutrition Assistance Program (formerly Food Stamps), Cash Assistance (CA) or Food Distribution Program on Indian Reservations (FDPIR) for your child, that child is eligible for free milk.
- If your household income is at or below amounts on the income chart, your child is eligible for free milk.
- If you have a foster child, that child may be eligible for benefits regardless of your income.

**INCOME CHART**

<b>FEDERAL INCOME CHART</b> For School Year 2009-2010			
Household size	Yearly	Monthly	Weekly
1	\$20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person:	+6,919	+577	+134

**HOW TO APPLY:**

If you are currently receiving SNAP, CA benefits, or FDPIR a *Free Meals Program Letter* **will not be mailed to you.** The district now has access to a Direct Certification System and is able to verify households receiving DES benefits. These children will be automatically qualified to receive free meals. The School/District will notify the household of the child's free meal benefits. If you are currently receiving FDPIR benefits, you will receive a letter indicating that you are certified to receive FDPIR. A copy of this letter may be obtained from your Indian Tribal Organization. If you wish for your child to receive free meal benefits, please submit a copy of this letter to your child's school. If you have not received a copy of this letter, complete the application with your child's name, FDPIR case number and the signature of one adult household member.

If you do not receive SNAP, CA or FDPIR benefits, fill in the application with the names of everyone in the household, the amount and source of the income, how often the income is received, and the signature and social security number of one adult household member. If the adult signing the application does not have a social security number, please check the appropriate box.

**OTHER INFORMATION:**

- **VERIFICATION:** Your eligibility may be checked by school officials at any time during the school year. You may be asked to send information to prove that your child should get free milk.
- **FAIR HEARING:** If you do not agree with the school's decision on your application or the results of verification, you may wish to discuss it with the school. You also have the right to a fair hearing. You can do this by contacting the following official:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

- **CONFIDENTIALITY:** The information you give on the application will be used only to allow your child to receive free milk and to verify eligibility.
- **REAPPLICATION:** You may apply for free milk at any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or receive Supplemental Nutrition Assistance Program (SNAP), CA or FDPIR for your child, fill out an application then.
- **CHILDREN WITH DISABILITIES:** If a child has been determined by a doctor to be handicapped and the handicap would prevent the child from eating the regular school meal, this school will make any substitutions prescribed by the doctor. If a substitution is needed there will be no extra charge for the meal. If you believe your child needs substitutions because of a handicap, please get in touch with us for further information.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

Applications will be determined by \_\_\_\_\_  
(Name and Title of Determining Official)

**You will be notified when the application is approved or denied.**